

A16000000095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

suffix W16-9323

Office Use Only



500281634055

02/03/16--01023--018 **1000.00

FILED
2016 FEB 17 P 4:13.
CLERK OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2016

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2016

JOHN R. GREEN
11 NASHUA WAY
OCALA, FL 34482

SUBJECT: THOROUGHBRED CLASSIC CARS LLP
Ref. Number: W16000009323

We have received your document for THOROUGHBRED CLASSIC CARS LLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability limited partnership must contain an acceptable suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 916A00002582

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thoroughbred Classic Cars LLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

John R. Green

Contact Person

Firm/Company

11 Nashua Way

Address

Ocala, FL 34482

City, State and Zip Code

jrobgreen@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John R. Green

at (616) 485-0218

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Thoroughbred Classic Cars L.L.L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 11 Nashua Way

(Street address of initial designated office)

Ocala, FL 34482

3. JACK HOILRAH

(Name of Registered Agent for Service of Process)

4. 1924 SE CLATTERBRIDGE Rd

(Florida street address for Registered Agent)

OCALA, FL 34471

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jack L. Hallrah

Signature of Registered Agent

6. 11 Nashua Way, Ocala, FL 34482

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

8. Name and business address of each general partner:

Name:

Business Address:

John R. Green

11 Nashua Way

Ocala, FL 34482

Jack L. Hollrah

1924 SE Clatterbridge Road

Ocala, FL 34471

9. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 1/19/2016 day of JANUARY, 2016.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John R. Green
Jack L. Hollrah

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

Page 2 of 2

FILED
2016 FEB 17 4:13
SECRETARY OF STATE
CLARKE
FLORIDA